

CITY OF EL PASO ARTS AND CULTURE DEPARTMENT

INFORMATION UPDATE FORM

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www.elpasoartsandculture.org

- Keep this original form in your file and submit whenever changes occur in your organization **or** project. Copy the blank form; complete the relevant information and fax, mail or e-mail the completed form to ACD.
- If the name of your organization changes, you **must** submit a copy of your **new** IRS Letter or Texas Secretary of State documents showing the new name **before** ACD can change the name in its records.

Official Registered Organization Name: _____

Grant Project Title: _____

Note below any changes in Organization: (Name, address, phone and/or fax numbers, e-mail, key paid and/or volunteer personnel, board members, etc. ***Attach current rosters.***)

Note below any changes in Project: (Location, dates & times, nature, financial scope, etc. ***Attach current schedule of events.***) Project title and detailed description (who, what, when, where, etc.).

If the project has been canceled, attach a letter signed by your organization's Authorized Official explaining the reasons for cancellation and officially declining funding for the project.

Signature of person completing this form

Complete Legal Name (print)

Date